Effective October 1, 2003 Effective October 1, 2003 Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS					1	RATE	FEE	1	RATÉ	FEE		
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				minus 20=		•			XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 =		•			X43=			X86=	
MU	LTIPLE DEPEN	DENT	CLAIM P	RESENT		<u>. </u>			146		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2									+145=		OR	+290=	
TOTALOR TOTAL													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL	
ENT A	CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID	BER SUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.	٥	Minus		<u>ට</u>	10		X\$ 9=		OR	X\$18=	
	Independent 4		Minus				Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								Ļ	TOTAL			TOTAL ADDIT, FEE	
		(Co	lumn 1)		(Colum	no 2)	(Column 3)	•	ODIT FEE		1	AUDII. PEEI	
AMENDMENT 8	S-12-55 CLAIMS REMAINING AFTER AMENDMENT		18 a	HIGH NUMI PREVIO	BER PRESENT			PATE	ADDI- TIONAL PEE	N	RATE	ADDI- TIONAL FEE	
	Total	. 1	1	Minus	- 2	3			X\$ 9		OR	X\$18=	
	Independent	<u> </u>	1	Minus	- E	3		V	X43=		∂R	X863	
تح	FIRST PRESE	NTATI	ON OF MI	ILTIPLE DE		CLAIM	لـــــــــــــــــــــــــــــــــــــ		7: 1		· Y	V 000	
	~~				•	•	•	L	+145=		OR	1290=	<u> </u>
4	Molo	r-						A	ODIT. FEE		OR .	ADDIT. FEE	
)	100	C	lumn 1) LAIMS	 	(Colun		(Column 3)	Г	т	:ADD1	1		4001
AMENDMENT C		A	AAINING FTER NOMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	0	RATE	ADDI- TIONAL FEE
	Total	· la	O_{-}	Minus	-2	၁	-//\		×\$.9=		OR	X\$18=	
AME.	independent	•		Minus		3		ľ	X43=		OR	X86=	● ~
	FIRST PRESE	NTATI	ON OF MI	JLTIPLE DEI	PENDENT	CLVIM	'			$\overline{}$			/
• [The entry in colu	ınn 1 is	less than th	e entry in calu	ana 2, write	*O* in cal	umn 3	L	+145=		DSG/	+290=	
ا مه	l the 'Highest Hu I the 'Highest Num The 'Highest Num	mber Pr mber Pr	eviously Pa reviously Pa	id For' II i THI iid For' IN THI	S SPACE 6 IS SPACE 6	i less that i less that	n 20, enler "20." n 3, eriler "3."		ODIT. FEE	ropriate box		TOTAL	

Application or Docket Number